

ISSUE SLIP STAPLE AREA (for additional cross references)

INITIALS	ID NO.	DATE
FEE DETERMINATION		
O.I.P.E. CLASSIFIER	48	5/30/01
FORMALITY REVIEW	TC 3-883	07-11-01
RESPONSE FORMALITY REVIEW	809	10-10-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	7/3/01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	N
23	N
24	N
25	N
26	N
27	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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26  
 2/11  
 858  
 10/15/01